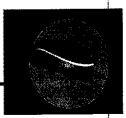
Preapplication for HSIPR Program

OMB No. 2130-0583



Preapplication instructions:

- For each question, enter the appropriate information in the designated gray box; keep text answers brief.
- For a multi-State project/program, States are encouraged to identify a lead applicant.
- Please submit one preapplication for each individual project, planning study, or corridor service program.
- Answers provided in this form will <u>not</u> be used for evaluation or selection purposes.
- Applicants should complete and submit this form electronically to: <u>HSIPR@dot.gov</u>.

A. Who are you?

(1) Select applicant type, as defined in App	pendix 1.1 of the H	SIPR Guidance (Che	eck the appropriate box	from the list):
Amtrak				
If one of the following, please append	appropriate docum	nentation as describe	d in Section 4.3.1 of the	e HSIPR Guidance:
☐Interstate Compacts				
Public Agency established by one of	or more States			
Amtrak in cooperation with a State	or States			
(3) Name(s) of additional States and/or org	ganizations applyir	ng in this group (if ap	plicable): NA	
(4) Application point of contact (POC): George Weber		POC title: Chief, Bureau	of Railroads	
Street address: 100 West Randolph, Suite 6-600	City: Chicago	State: IL	Zip code: 60601	Telephone number: (312) 793-4222
Fax: (312) 793-1251	1, -	Email: george	.weber@illinois.gov	

What is your project?

(5)	Project/program name:	Chicago To St Louis HSR Cor	ridor - Double Main/PTC Project
(6)	project or program relates Amend the existing HSR	to another HSIPR application de Corridor Program to accommoda	phases please describe each and how they fit together; if the scribe the linkage (less than 1000 characters): te eight round trip HSR frequencies one round trip long distance sting program was modeled for three HSR round trips.
(7)	Location information		
` '		on of the proposed project/progra	m (attach map if available) (less than 250 characters): See map
	locations served, and nar		route(s) benefit from this project? Identify endpoints, major) (less than 250 characters): Chicago to St. Louis, Chicago to
	(C) State(s) in which th	e project/program investment is/	are located: Illinois
	(D) State(s) in which th	e benefiting service(s) is/are loca	nted: Illinois, Missouri, Arkansas, Texas
(8)	Project/program type:		
	(A) Types of capital inv	vestments contemplated (Check a	ll that apply):
	Structures (bridge	ges, tunnels, etc.)	☐ Rolling Stock Refurbishments
	Track-Rehabilit	ation	☐ Rolling Stock Acquisitions
	Track-New Con	struction	☐ Stations, Terminals
	New Rights-of-	Way	☐ Support Facilities (Yards, Shops, etc.)
	Major Interlock	ings	Grade Crossing Improvements
		s, Signaling, Control	Electric Traction
	Other (Please de	escribe): Mitigation activites to a	ddress community safety and crossing improvement impacts.
	improvements, equi		new passing tracks, interlocking reconfigurations, station an 500 characters): Full corridor improvement including double
	(C) Service attributes (Check all that apply):	•
	• •	uencies on Existing Route	☐ Improved On-Time-Performance on Existing Route
	☐ New Service	-	☐ Increased Average Speeds/Shorter Trip Times
	☐ Other (Please d	escribe):	

Federal Railroad Administration		HSIPR Program Preapplication
(9) Project/program milestones (mm.	(יעעעי):	
Construction start date: 10/2010	Construction completion date: 10/2015	Service improvements realized: 10/2015

(10) Anticipated benefits (on intercity passenger rail service(s) benefitting from project/program)

Project/Program Benefits	Before (FY 2008 levels)	After (Project completion)	Not Applicable	Not Sure
Annual passenger-miles	86,400,000	134,128,000		
Average daily round trips (weekday)	5	9		
On-time performance (OTP) (at endpoint terminals)	43%	85%		
Top speed (mph)	79	110		
Average operating speed (mph) (between endpoint terminals)	54	70		

What will your project/program cost & how will it be funded?

Capital Costs
(11) Total anticipated project/program capital cost (in millions of dollars)(Note: preapplication estimates will not be binding): \$2,300,000,000 including NEPA refresh, FD, community mitigation & construction
(12) Will your project/program proposal include matching funds?
(A) Yes If yes, as what percentage of total costs? TBD
□No
(B) Proposed source(s) of capital matching funds (Please check all that apply):
State
(13) If an in-kind match is expected, provide a brief description of the asset (less than 100 characters). Operating Costs
(14) Is the project/program expected to result in an additional annual cost of operations for the benefitting service? ☑ Yes ☐ No ☐ Not sure
(A) If additional operating funding is required, what would be the source? (Select the appropriate option by clicking the gray box to activate the dropdown menu):
Annual State appropriations If other is selected, please specify:
(B) What is the status of providing that funding? (Select the appropriate option by clicking the gray box to activate the dropdown menu):
Legislation enacted If other is selected, please specify:

D. What preparation have you done?

(15) Please indicate the status of planning, engineering and environmental studies/documentation supporting your program or project. (Although applicants are asked to respond to all items, note that <u>not</u> all are required for all tracks.)

	No study exists	If no study exists, are you applying for HSIPR funds to complete study?	Study underway	Study completed? (year)	Not applicable
Corridor Service Planning Studies/Do	cuments (f	or the intercity passenger	rail service bene	fitting from project	t or program)
Purpose & Need/Rationale				⊠ 2007 MWRRS	
Service/Operating Plan				⊠ 2004 MWRRS	
Prioritized Capital Plan			⊠	⊠ 2007 Update	
Ridership/Revenue Forecast				⊠ 2004 MWRRS	
Operating Cost Forecast				⊠ 2004 MWRRS	
Tier 1 Programmatic (or "service") NEPA (Identify document from dropdown menu) Environmental Impact Statement (EIS)					
Assessment of Benefits					
Project Planning Studies/Documents (if application	n is for program (multiple	e projects), multi	ple boxes may be c	hecked)
Preliminary Engineering (PE)		\boxtimes	\boxtimes		
Tier 2 (project-level) NEPA (Identify document from dropdown menu) Environmental Impact Statement (EIS)		 ⊠		⊠ 2003	
Detailed Capital Cost Estimates			\boxtimes		
Assessment of Benefits	\boxtimes	×			
General Planning Studies/Documents					
Project Management Plan		×			,
Financial Plan (capital & operating – sources/uses)		×		⊠ MWRRS 2007	
(16) Is the project(s) included in the Statewide Transportation Improvement Program (STIP)? Yes No Not sure					
(17) Is the project/program included in a Performance Improvement Plan for the host railroad? Yes No Not sure				☐ Not sure	

(A) Who are your partners & what are their commitments?

(18) Right-of-Way Owner(s). Provide the status of a (If appropriate, "owner(s)" may also include ope (If more than two railroads, please include addit	erator(s) under trackage rights or lease agreements.)
Railroad owner 1 (Name):	Union Pacific Corp.
Status of railroad owner 1 (Click on the appropriate option from the dropdown menu shaded in gray):	Preliminary executed agreement/MOU
Railroad owner 2 (Name):	CN
Status of railroad owner 2 (Click on the appropriate option from the dropdown menu shaded in gray):	Host railroad consulted, but support is not final
	le, provide the status of agreements with partner that will operate rail services (e.g., Amtrak). (Click on the appropriate option from
No agreement, but partner supports project	
passenger railroad service types (e.g., commuter of menu shaded in gray): Some - less than 25%	of the project/program benefits will accrue to other <u>non</u> -intercity or freight)? (Click on the appropriate option from the dropdown as are foreseen, are cost-sharing agreements in place with the beneficiary A Not sure
(B) Which track is the best fit for (21) Anticipated HSIPR funding track (Click on the against Track 2 (Programs) If unsure, please explain:	or your project/program? appropriate option from the dropdown menu shaded in gray):
(22) Anticipated application filing date (Check the application filing date (Check the application) 2009 − first round	propriate box):
Subsequent round(s). (Note: Funding for sub	sequent rounds is not guaranteed.)

. (C) What help do you need?

(23) Describe any areas in which you could use technical assistance, best practices, advice or support from others (less than 500 characters): None identified at this time

(D) Additional information (optional)

(24) Please provide any additional information, comments, or clarifications. This section is optional. RTC modeling has been performed on this project

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